	BMER :	DW	PATIENT	RUNDER			19TH ST		Nev	Yor!			NY 1	0003		
43204	TYPE	PATI	4432				Age			EM	RGE	NCY !	ROOM	∄•o u	TPATIEI	NT RE
PRESS - LINE 1	3		OMETTI	ADDO	VINA	-	38	3/25	71968	P	SH	MIZE OF	4/07	· 3)5:51	CLERK
66 EAST 2	33RD	BOTI	77 13 CM	λP	r la			ı	BRONX		·		104	DE	TRANSCO	CM
58686478		NA	DIA F	BIAN	- 1		MOTHE		ADDRI	:08		1			THEFT	881-3
) FAULT				-0/P			Con	86864	TO	A		DATE		ACE	718-	
							"	,0000 4	7.5		2/	14/0°		IO FAI	JLT INS	3 - A
ROMETTA AL	DONN			GUARA 6.6.6	NTOR ADD	Rægg			CITY			4:20	A	MBUL	ANCE	
RAPTOR ENFLOYER				1 000	GCD.	233RI	TATION	079	BRONX		1	NY 1	0466	1	881-	3716
V. GERVICE	PRE	v. oza	V. DATE	IF MINO	II	IDEPENI	DENT CO				,				C218. 2071	
MAN CATHO									7637	82		BUT	120/20 TED D	PEYUIC:	UTTERF	
The processing the in- terior control of the in- terior control of the in- plant of the in- terior control of the interior con	vi kondi	ACC:	w irdui a. rzeg dent si	illiaj ir etel	728 AP 4	N canada mode (Lolor	the time better of	my party, for remaining relief		tent. ES M es in com above assi conten ARASTOR	denset in Palar Afri Sebital Afri	ess I pay the azone ic upply	the endure any enedar	in tall upon r. I do hereby betance to any	elesse of p
O. PULSE RES	P. D/1		Lancy per				HEDICATIO	70 - ROME								
RSES NOTES:		L_											E.R	. PHYBIC	LAW	TET.
DATA (Incl	uding	X-Ra	ys, EKO	is, etc.	,									MORTE . O	EL CHOLUME	(Jan ca
		X-Ra	ув, вко	is, etc.	·									BORDE 9	#1000.TOXE	(ROS CO
		X-Ra	ув. вко	is, etc.										BORDS . 0	STORANGE .	(909 C)
		X-Ra	ys, eko	is, etc.)									EURUE - 0	ST CHOLTUNE	(508 C)
		X-Re	Y8. EKC	is, etc.)									EUSINE · G	ST CHATURE	(SCE C)
SICIAN'S RE	PORT		YS. EKO	s, etc.)									EURUS · G	\$1 CHOLTUNE	(See C)
SICIAN'S RE	PORT		ув. жк	is, etc.										EURDE · G	#I CHATURE	(See C)
EICIAN'S RE	SIS	5:	Y8. EKC	s, etc.											STORATION C	DISC DISC
EAGNO THENT:	SIS	5:	Y8. EKC	is, etc.									LLOW-UP	The Gent	XXXIII TICKY C	T DISC

92001-2006 T-System Inc Circle on short on	
O2001-2006 T-System, Inc. Circle or check affirm. O1 Cabrini Modical C. s, backslash () negatives	<u></u>
-i Caping Medical Center	
EMERGENCY NURSING RECORD	İ
MVC	i
MIVE	1
TRIAGE DATE 2/14/02 TIME ALTO	- ' , .
THE MILE IN TO	LNMP_//23/02
emergent urgent non-urgent fast track	preg test (neg po
NAME: TRUMENH, KULUNH	Z progress /Zneg/pc
3/20/100	
AGE: //) ————————————————————————————————————
I I I I I I I I I I I I I I I I I I I	TIME TO ROOM:
ARRIVAL MODE: car (EMS) police CAPACIAM	INITIAL ASSES
PMD: none	
Primary language of pt #N6111 interpreter	GENERAL APPEAR
Almai huzarione	valert
AIMMUNIZATIONS: current / referral	Valer
tetanus flupneumovax	AFUNCTIONAL / NU
TREATMENT DIA THE	independent ADL
last blood glucosebackboard	_appears well
	nourished / hydrated
VITALS Glucose finger stick	Eall Risk Assess
Approx Weight	***********************
BP 1961 81 P 9 RR OD temp 019 FM O R AX	patient has
	medication
DAIN FORM	physical / co
PAIN LEVEL current: 7 /10 max //10 acceptable /10 scale used	patient con
	CHÉST
location VAL BACK type DULL	✓no evidence of trauma
CHIEF COMPLAINT, MVC	non-tender
occurred just PTA The Ways ago	_breath sounds nml
may doys apo	cvs
INJURIES / PAIN R	regular rate
The state of the s	_pulses strong & equal
	_skin warm, dry NEURO
athani	oriented x 3
Rieg Comp.	
mouth abdomen f-arm leg f-arm leg	PERRL
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle	
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot	PERRL HEAD / FACE
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes	PERRL HEAD / FACEno evidence of trauma
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passenger front bock "P" primary "S" = seconders	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACK
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes coes CRASH SITE OF IMPACT "P" = primary "S" = secondary (ap belt / shoulder / car seat	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_évidence of trauma
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed NO	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of trauma ABDOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed [U] "P" = primary "S" = secondary walking at scene	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passenger front bock (ap belt / shoulder / car seat air bag deployed NO) walking at some lost consciousness	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumaNo evidence of traumasoft, non-tender
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed // // walking at scene tost consciousness thrown from vehicle	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumaNo evidence of traumasoft, non-tender PEXVIS / GU
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passanger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene cost consciousness thrown from vehicle long extrication speed low mod. high direct glanging	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft, non-tender PELVIS / GUno evidence of trauma
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passanger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumaNo evidence of traumasoft, non-tender PEXVIS / GU
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passenger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug- PCN. ASA / suifa / latex / codeine / lodine	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver passanger front bock ap belt / shoulder / car seat air bag deployed NO walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug- PCN ASA / suifa / latex / codeine / lodine food	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIES
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH driver / passenger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug- PCN. ASA / suifa / latex / codeine / lodine	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumaNo evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of trauma
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed // D walking at scene lost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug-PCN./ASA / suifa / latex / codeine / lodine food -	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMENno evidence of traumapelvis / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumanon-tender
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot h	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary all bag deployed WD walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug-PCN. ASA / sulfa / latex / codeine / lodine food - MEDS none see med list OTC herbal DFN/ES PAST MEDICAL HX negative heart disease / HTN / djabgtes: insulin	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMENno evidence of traumapelvis / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumanon-tender
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot h	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary all bag deployed NO walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug-PCN. ASA / sulfa / latex / codeline / lodine food - MEDS none see med list OTC herbal DENVES PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DENT (MPLINIS)	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary alr bag deployed MO walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancing ALLERGIES NKDA drug-PCN./ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DEN/ES PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DENST (MP LTN) C	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankie wrist ankie hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed NO walking at scene tost consciousness thrown from vehicle long extrication white pend direct glancing ALLERGIES NKDA drug-PCN_ASA/suifa/latex/codeine/lodine food - MEDS none see med list OTC herbal DEV/ES PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DEFECT (MP L TN) S SOCIAL HX / SCREEN dlugs / acoust food - stroker and seemed food - st	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumatensation / motor intac ADDITIONAL FINDIN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankie wrist ankie hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary air bag deployed NO walking at scene host consciousness thrown from vehicle long extrication white food - walking at scene host consciousness thrown from vehicle long extrication direct glancing ALLERGIES NKDA drug - PCN ASA / suifa / latex / codeine / lodine food - walking at scene host consciousness host consc	PERRL HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumaABOOMEN
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary ap belt / shoulder / car seat air bag deployed ND walking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glanching ALLERGIES NKDA drug-PCN_ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DEV/ES PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DEFAST (MP) INVICE SOCIAL HX / SCREEN dlugs / acobal COC . STOCIAL HX / SCREEN dlugs / acobal COC . STOCIAL HX / SCREEN dlugs / acobal COC . ATB exposure / symptoms Ahas been physically hurt or threatened by someone close	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumasoft. non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumaton-tendersensation / motor intace ADDITIONAL FINDIN INITIAL ACTIONS TIME
mouth abdomen f-arm leg f-arm leg coccyx wrist ankie wrist ankie hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary The pelit / shoulder / car seat air bag deployed NO walking at scene host consciousness thrown from vehicle long extrication direct glancing ALLERGIES NKDA drug-PCN_ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DPV/ES PAST MEDICAL HX negative heart disease / HTN / diabptes: insulin past surgeries none DPAST insulin past surgeries none DP	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft. non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno_evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIMEID band appliedcollar
mouth abdomen f-arm leg f-arm leg coccyx wrist ankie wrist ankie hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary The pelit / shoulder / car seat air bag deployed NO walking at scene host consciousness thrown from vehicle long extrication direct glancing ALLERGIES NKDA drug-PCN-ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DENTES PAST MEDICAL HX negative heart disease / HTN / diabgres: insulin past surgeries none DENTES (NECHAL PROPERTY) SOCIAL HX / SCREEN dlugs / according food - smoking cessation provided ATB exposure / symptoms has been physically hurt or threatened by someone close if yes social worker_needed ISOLATION SCREEN	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft. non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno_evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIMEID band appliedcollar
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary The pelt / shoulder / car seat air bag deployed NO walking at scene tost consciousness thrown from vehicle long extrication direct glancing ALLERGIES NKDA drug - PCN ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DEN / EST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries nane DEN WELTINGS SOCIAL HX / SCREEN dlugs / alcohol COC smoker	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumatensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIMETD band applied
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot fingers toes fingers toes CRASH driver / passanger front back ap belt / shoulder / car seat air bag deployed Wo waiking at scene tost consciousness thrown from vehicle long extrication speed low mod. high direct glancling ALLERGIES NKDA drug PCN ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DFV/ET PAST MEDICAL HX negative heart disease / HTN / diabgres: insulin past surgeries nane DEAST (WP LATES) SOCIAL HX / SCREEN drugs / acordic food - Sincker ppd smoking cessation provided sincker ppd smoking cessation provided if yes social worker needed isoLATION SCREEN in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient i. had a fever in the past two weeks, patient in the past two weeks.	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft, non-tender PELVIS / GUno evidence of traumasoft, non-tenderpelvis stable EXTREMITIESno_evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIME
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary alr bag deployed VI walking at scene tost consclousness thrown from vehicle long extrication speed low mod. high direct glancling ALLERGIES NKDA drug-PCN/ASA / sulfa / latex / codeline / lodine food MEDS none see med list OTC herbal DFN/E- PAST MEDICAL HX _negative heart disease / HTN / diabetes: insulin past surgeries nane DFN-T (MPV/N)S SOCIAL HX / SCREEN days / acoust or provided ATB exposure / symptoms. Also been physically hurt or threatened by someone close if yes social worker_needed ISOLATION SCREEN in the past two weeks, patient: 1. had a fever 2. had a cough or rash	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno evidence of traumasoft. non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumabelvis stable EXTREMITIESno evidence of traumaton-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIME
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle wrist ankle wrist ankle hand foot hand foot toes fingers toes CRASH driver / passanger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene tost consciousness thrown from vehicle long extrication wilding extrication direct glancing ALLERGIES NKDA drugs PCNL/ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DEVICS PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DECAST (MPLATIS) SOCIAL HX / SCREEN drugs / acobd (MPLATIS) Anab seen physically hurt or threatened by someone close if yes social worker needed ISOLATION SCREEN In the past two weeks, patient: 1had a fever / 2had a cough or rash 3had shortness of breath or difficulty breathing If patient answered positive to 1 and 2 or 1 and 3 or 10 legic foot or 1 and 2 or 1 and 3 or 10 legic foot or 1 and 2 or 1 and 3 or 10 legic foot	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft, non-tender PELVIS / GUno evidence of traumasoft, non-tenderpelvis stable EXTREMITIESno_evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIME
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle hand foot hand foot hand foot hand foot fingers toes fingers toes CRASH SITE OF IMPACT "P" = primary "S" = secondary all bag deployed PO waiking at scene tost consclousness thrown from vehicle long extrication speed low mod. high direct glancling ALLERGIES NKDA drug PCN ASA / suifa / latex / codeline / lodine food MEDS none see med list OTC herbal DENVIES PAST MEDICAL HX negative heart disease / HTN / diabetes: insulin past surgeries nane DENT (MPLINIS) SOCIAL HX / SCREEN dlugs / acould COC stricker ppd smoking cessation provided ATB exposure / symptoms All seep physically hurt or threatened by someone close if yes social worker needed ISOLATION SCREEN in the past two weeks, patient: 1. had a fever 1	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIME
mouth abdomen f-arm leg f-arm leg coccyx wrist ankle wrist ankle wrist ankle wrist ankle hand foot hand foot toes fingers toes CRASH driver / passanger front bock ap belt / shoulder / car seat air bag deployed /// walking at scene tost consciousness thrown from vehicle long extrication wilding extrication direct glancing ALLERGIES NKDA drugs PCNL/ASA / suifa / latex / codeine / lodine food - MEDS none see med list OTC herbal DEVICS PAST MEDICAL HX negative heart disease / HTN / diabotes: insulin past surgeries none DECAST (MPLATIS) SOCIAL HX / SCREEN drugs / acobd (MPLATIS) Anab seen physically hurt or threatened by someone close if yes social worker needed ISOLATION SCREEN In the past two weeks, patient: 1had a fever / 2had a cough or rash 3had shortness of breath or difficulty breathing If patient answered positive to 1 and 2 or 1 and 3 or 10 legic foot or 1 and 2 or 1 and 3 or 10 legic foot or 1 and 2 or 1 and 3 or 10 legic foot	HEAD / FACEno evidence of trauma to head / eye / ear / face NECK / BACKno_evidence of traumasoft, non-tender PELVIS / GUno evidence of traumapelvis stable EXTREMITIESno evidence of traumanon-tendersensation / motor intac ADDITIONAL FINDIN INITIAL ACTIONS TIME

LNMP_1/23/03	PAb pregnant / postmones / house
preg test neg pos	PAb pregnant / postmenop / hyst
7	7,0
1	THE PROPERTY OF THE PARTY OF TH
TIME TO ROOME	RN/ PA
	ROOM:
INITIAL ASSESSI	MENT TIME
GENERAL APPEARAN	
_no acute distress	_c-collar / backboard in place
<u>√</u> alert	mild / moderate / severe distress
AEMICTIONAL COURSE	amplete / degrees and LOC
independent ADL	ITIONAL ASSESSMENT
_appears well	_assisted / total care
nourished / hydrated	obese / maincurished _recent weight loss / gain
Fall Risk Assessmen	Treceur Asigur 1922 \ Stru

patient has hx medications	
	yes / (50)
pilysical / cogn	itive limitations yes / 19
	ed / disoriented yes / no
CHÉST	_laceration / abrasion / swelling
✓no evidence of trauma	tenderness / deformity
breath sounds nml	wheezing / crackles / stridorseat belt marks
CVS	tachycardia / bradycardia
_regular rate	pulse deficit
pulses strong & equal	_pale / cyanotic / cool / diaphoretic
_skin warm, dry	
NEURO	disoriented to person / place / time
∠oriented x 3	confused / memory loss
PERRL	pupils unequal R
HEAD / FACE	weakness / sensory loss
no evidence of trauma	_laceration / abrasion / swelling / ecchymosis
to head / eye / ear / face	periorbital swelling / hematomadental injury / malocclusion
NECK / BACK	iaceration / abrasion / swelling / tenderness
no évidence of trauma	
ABDOMEN	iaceration / abrasion / swelling
∠no evidence of trauma	rigid / distended / tenderness
_soft, non-tender	
PELVIS / GU	laceration / abrasion / swelling
✓no evidence of trauma pelvis stable	pelvis unstable
pervis scapie	tenderness
EXTREMITIES	blood at urethral meatuslaceration / abrasion / swelling
no evidence of trauma	tenderness / deformity
non-tender	sensory / motor deficit
sensation / motor intact	
ADDITIONAL FINDINGS	
A 101/2 200	1 1/2 2
- 11. INN 11/1	1 40 4 (2) 11
INITIAL ACTIONS	
TIME	
ID band applied	ID band verified INIT
c-collar	backboard
disrobed / gowned	blanket provided
ice pack	elevation / immobilization
bandage applied	wet to dry dressing
bed low position	side rails up xi x2
/call light in reach /	head of bed elevated
1	
	Nurse / PA
A protocol available	
U	

			•
© 1996 - 2006, T-System, Inc. Circle	or check aff tives, backslash () negative	100	•. •.
17 Cabrini	Medical Courter	<u>a.</u>	
EMERGENCY I	PHYSICIAN RECORD	[La	reld Aport
M	VA (5)	1 7 7 2 .	acks Apont
1/12/1			
DATE: 2/14/0/ TI	ME: I An On arrival		
ROOM:	EMS Arrival	LI Nursing Assessment	Reviewed Vitals Reviewed Tetanus immun. UTD
HISTORIAN: patient spo	use paramedics ACR	PHYSICAL EX	
AGE3 %	M IE		P R D BP 14 A
_HX / _EXAM LIMITED BY:_			mild / moderate / severe distress
HPI		alert HEAD	_anxious / lethargic
		neau	see diagram
chief complaint: MyA In	jury to: Nershold	trauma	Raccoon eyes / Battle's sign
occurred: just prior to arrive	position in vehicle:	NECK	_see diagram
	diver passenger from back	painless ROM	vertebral point renderness
context: car collision	Overturned vehicle	trachea midline	muscle spasm / decreased ROM
single-car accident (lost control	/ fell asleep / unknown cause)		
		Nexus criteria neg	midline tenderness / distracting injuryaltered mental status
L'avene la	-th		recent ETOH
		/~	- Ingil
location of pain /	-rightleft-	 	
injuries	shidr hip shidr hip	A) =	
face mouth	arm thigh arm thigh	A	
neck chest abdomen	elbow knee elbow knee	\	- Minimal
back upper mid- lower	f-arm leg f-arm leg wrist ankle wrist ankle	」 イ、	
radiating to (R/L) thigh / leg	hand foot hand foot	EYES.	unneum number n
severity of pain:	associated symptoms:	_PERRL	unequal pupils Rmm Lmm EOM entrapment / palsy
pello .	lost consciousness / dazed	EOMI	subconjunctival hemorrhage
moderate	duration: remembers:	ENT	
severe	impact coming to hospital	_nml external .	hemotympanumTM obscured by wax
site of impact:	seizure	inspection	clotted nasai blood
"P" = primary "S" = secondary	restraints:	_no dental injury RESP / CVS	dental injury / malocclusion
A sacondary	none lap / shoulder doesn't recall	chest non-tender	_see diagram (on reverse)
	car seat	no ecchymosis	tenderness / seat belt bruisingcrepitus / subcutaneous emphysema
	air bag deployed	breath sounds nml	_splinting / paradoxical movements
force form mod. high	thrown from vehicle ambulated at scene		decreased breath sounds
direct glancing	long extrication		wheezes / rales / rhonchi
		ABDOMEN	see diagram (on reverse)
RQS		_non-tender no organomegaly	_tenderness / guarding / rebound
oss feeling / power arms / legs	compensation of the compen	Ro distention	mass / organomegaly
nemory losseadache Yneck pain	loss of placed at function at the		
cuble vision / hearing loss	Am accuracy and a second many and a second many and a second many and a second many as a se		A constitution and the second
ausea / vomitingbdominal pain	program som inner varionel is a		
	= all systems not exceed a manager	NEURO / PSYCH	confused / disorienced
OCIAE HYDER RESERVED		_oriented x3 _mood & affect nml	facial asymmetry Q
	angue yawa sa	_CN's nml	unsteady / ataxic gaitsensory / motor deficit
		as tested	_repeats questions
AST HXnegative diabetes 7	ype Type 2 diet oral insulin	seńsation & motor nmi	
			Reflexes
edsnone /see nurses note_		Glasgow Coma Score	SCORE=
llergiesNKDA / see nurses not	ie	II ADDRECO- RITU (5) disorient	(4) to voice (3) to pain (2) none (1) seed (4) inapprop. (3) incoherent (2) none (1)
		Motor- nml (6) localizes	(5) withdraws (4) flexor (3) exten (2) none (1)
•			

CABRINI ML_,CAL CENTER

	NSIVE PAIN ASSESSMENT	Francet	4, Adonna
Emergency Department D Hospice	☐ Ambulatory Services ☐ Inpatient Unit:	1 '	
Other:			
INSTRUCTIONS: Complete	when pain is not controlled at tir	ne of assessment.	
Source of Information:		mily D Nursing Assessment - Pa	atient unable to verbalize
• Pain Location: Mark Sites			
	Patient's Pain IntensityRating D-10: Smile - Sad Verbal: Behavioral Indicators Physical Findings None	Pain Characteristics Circle all that apply: Aching, Dull Deep, Sharp, Gnawing, Numb, Stabbing, Crampy, Pressure, Squeezing, Burning, Radiating, Tingling, Touch Sensitive. is the Pain: Constant Intermittent	Behavioral Indicators: Circle all that apply: Frowning: Grimacing, Clenched Fists, Hostility, Crying, Moaning, Depression, Gritting Teetr Hestlessness, Clutching/Rubbing AffectedPart, Fetal Position, Increased Muscle Tension.
Pain Intensity Goal: (0 - 10)	• When did pai	n start?	hy) 050.
Pain Control Goal:	comfort at rest		7
What makes the pain worse	?	morener	T
Chronic/Pre-existing Pain - medication heat	What relieves pain? (Check all the exercise	nat apply.)	
Has there been any medica	tion you have taken that has be	en effective?	
What have you done in the	past that has been effective in n	elieving your pain?	10
Adverse Affect on Daily Life walking sitting work bathi family sleep Comments:	and Activities - Does the pain a g Standing [ng Cocking [ffect your day to day activities? ((
Name of MD Market	Dr. Hurane	91	
Name of MD Notified: Signature & Title:	AMERICA KANIHA CUELI	7-0(7)	AM Date: 2/19/07
CMC-2036/00/04)	\mathcal{U}		

MEDICAL 227 East 19th Street, New York, NY 10003

PHYSICIAN'S ORDERS

DOCTOR: USE BALLPOINT PEN ONLY.

START NEW SECTION FOR EACH SET OF ORDERS INCLUDE DATE, TIME AND SIGNATURE FOR EACH

SET OF ORDERS.

Frankts

ALLERGIES:		DO NOT USE THIS	SHEET JMBER SHOWS		
MEDICATION (Incli Name, Dose or Str	uding Diluent) ength, Formulation, Rou		Indicat Rationale or		
19 1. Rah	4in /9 1	1021			U.C
6:6 2. 5 apr	+ Calle				DAT
TIME: 3.					TIM
4.					
PHYSICIAN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE	SW http Re	DATE: 2/14/07	TIM 600
DATE: 1.	——————————————————————————————————————	1 Volodi	Older Need Back []	1/	<u>"</u> U.C
2.					DATI
TIME: 3.					TIMI
4.					
PHYSICIAN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE		DATE:	TIM
		Verbal	Order Read Back []	1	
DATE: 1.					U.C
2.					DATE
TIME: 3.					TIME
4.					
PHYSICIAN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE		DATE:	TIMI
		Verba	Order Read Back []		
DATE: 1.					U.C
2.					DAT
TIME: 3.					TIM
4.					
PHYSICIAN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE		DATE:	TIM
		Verba	Order Read Back []	7 #	

THE SIGNATURE OF THE PRESCRIBER MUST ACCOMPANY EACH ORDER ALONG WITH THEIR PRINTED NAME AND ID #

Authorization Is Given To Dispense Medication By Generic Or Therapeutic Equivalent If Such Is Determined By The Pharmacy And Therapeutics Committee. A Non-Formulary Request Form is Required if Medications Are Not included in The Formulary.

Cabrini Medical Center

ACKNOWLEDGMENT AND CONSENT

OF NOTICE OF PRIVACY PRACTICES CONSENT TO USE PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS

- By signing below, I acknowledge that a copy of the Notice of Privacy Practices has been made available to me. I have been advised of how my health information may be used and disclosed by the hospital and the facilities listed at the beginning of the notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices (see: Appendix A) explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Finally, by signing below, I consent to the use and disclosure of my health
- to treat me and arrange for my medical care

Print First and Last Name

- to seek and receive payment for services given to me

notice	staff, and the facilities listed	i at the beginning of the
Signature of Patient or Personal Representative	2/ Date	14/07
Print Name of Patient or Personal Representative	_	<i>L.</i> /
Tersonal Representative	Description of Person Authority	nal Representative's
Witness		•
For Hospital Use Only:		
If form is not completed, state the reason:		
CMC Employee Signature	Date	

Acknowledgement

I acknowledge receipt of the booklet, Your Rights as a Hospital Patient in New Yor State, prepared by the New York State Department of Health.	·k
Patient's Bill of Rights An Important Message Regarding Your Rights as a Hospital Inpatient Admission Notice to Medicare Beneficiaries Important Message from Medicare	
Planning in Advance for Your Medical Treatment (an explanation of Advance Directives)	
Deciding about CPR: Do-Not-Resuscitate (DNR) Orders – A Guide for Patients and Families Appointing Your Health Care Agent – New York State's Proxy Law Health Care Proxy Form Letter from the New York State Department of Health (explains the SPARCS data collection system)	-
Additional Information: Organ Donation Patient's Signature Signature of Patient's Designated Representative	
Indicate relationship to patient	
A hospital representative was was not	
present to answer my questions about this booklet.	

This will become part of your permanent hospital record.

Day Division

Mon-Fri: 8am-11am, 5pm-8pm (EST) Sat-Sun: 8am-8pm (EST)

Phone: 866 329 4295 Fax: 877 899 4295



Night Division Mon-Fri: 8pm-8am (EST) Sat-Sun: 8pm-8am (EST) Phone: 866 241 6635 Fax: 866 287 1373

PRELIMINARY RADIOLOGY REPORT

PATIENT NAME:

FROMETTA, ADDONNA

PATIENT ID:

763782

INSTITUTION NAME:

CABRINI MEDICAL CENTER - NEW YORK, NY 10003

DATE:

14th February, 2007 EST

STUDY TYPE:

CT BRAIN

ACCESSION NUMBER: N/A

This interpretation is based upon the receipt of 75 images.

E audit Location. Lix (Lineigency room)

Patient Location Floor: N/A

Patient Location Bed: N/A

CLINICAL HISTORY / INDICATION FOR EXAM:

MVA WITH HEAD TRAUMA

FINDINGS:

Noncontrast CT Head:

Noncontrast axial images obtained through the head.

Ventricles, basilar cisterns and cortical sulci are within limits. There is no evidence of mass effect or midline shift. No acute hemorrhage identified. No abnormal intra-axial or extra-axial fluid collections are appreciated. Brain parenchyma is of normal density and gray-white matter differentiation. Soft tissues and osseous structures are unremarkable.

Preliminary report created by: Edward Callaway MD

Page 1 Last Page

CONFIDENTIAL: The Jacuments accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other purp unless required to Jestory the information after its stated to be by the second of t

Caurini Medical Center - Emergency Department 227 E 19th Street New York, NY (212) 995-6620 ADDONNA FROMETTA, Med. Rec. No.: 763782 02/14/2007 06:43

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by ELIEZER HERNANDEZ, M.D..

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment in 1 day at the Cabrini East Village/CEV. You can reach the Cabrini East 'illage/CEV at (212) 979-3200, 97 E. 4th Street, New York, NY. If you have any problems or concerns before the appointment, call the Clinic. Office Hours are Monday through Friday 9 am to 5 pm.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS TORTICOLLIS (Wry neck).

Your neck muscles have become overstretched. The stretched muscles cramp (spasm). The muscle pain can also cause a headache.

Do the following:

- Apply warm packs to relax the neck muscles. Do this 3 to 4 times a day for 20 minutes.
- Avoid strenuous activities until your pain is gone.

Call your doctor if:

 you have increased neck pain or headache after treatment, you have any new or severe symptoms.

HEAD INJURY

7 Fig. 6

You've had a head injury. Your skull and/or brain were affected.

Follow these instructions:

- A family member or friend should wake you up every two hours throughout the first night at home. When they wake you, they should ask you your name, where you are, and what day it is. If you cannot answer these questions, they should call your doctor.
- If you have a headache, sleep with your head raised on a few pillows.
- Rest for a day or two. You can return to your normal activities as you feel able.
- If you are sick to your stomach, avoid heavy foods. Nausea should clear up in a day or two.
- Keep follow-up appointments with your doctor.
- Take any medicines ordered for you by your doctor as scheduled.

Call your doctor if:

- your headache gets worse or is not relieved by acetaminophen.
- · you have problems talking.
- you have difficulty hearing.
- · you have any change in your vision.
- you lose your balance or have trouble walking.
- · you have trouble thinking clearly.
- you have forceful vomiting.
- you have any questions or concerns.

Your family or friend should call your doctor or take you to the Emergency Department if:

- you become confused and cannot state your name, where you are, or what day it is.
- · they have difficulty waking you.
- · you have a seizure.

Sometimes after even a minor head injury, people notice signs and symptoms that show up as long as one year after the injury. These signs and symptoms include:

- Decreased concentration
- Difficulty learning
- Memory problems
- Vision changes
- Headaches, especially with stress or physical activity
- Mood changes
- Increased sensitivity to noise
- Dizziness
- · Difficulty in relationships with other people
- · Decreased interest in sex
- Increased susceptibility to alcohol (becoming intoxicated or drunk more easily)

If you notice any of these symptoms over the next year and are concerned about them, talk with your doctor.

For more information related to head injuries, contact:

The Brain Injury Association of America www.biausa.org 1-800-444-6443

What is smoking cessation?

Smoking cessation is quitting smoking. Smoking is a very difficult habit to break for most people. The chemical, nicotine, which you inhale into your lungs from a cigarette, causes your brain to have more dopamine. Dopamine is a chemical that makes you feel good. Smoking makes you feel good. But nicotine also has many more harmful effects on your body. This is why it is so important to stop smoking. Nicotine is addictive, which means when your body is used to having nicotine, and then nicotine isn't there, you feel strong physical cravings and a need to smoke. This is why stopping smoking is so difficult.

Why is smoking bad for me?

Caurini Medical Center - Emergency Department 227 E 19th Street New York, NY (212) 995-6620 ADDONNA FROMETTA, Med. Rec. No.: 763782 02/14/2007 06:43

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR

RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

ADDONNA FROMETTA or Responsible Person

ADDONNA FROMETTA or Responsible Person has received this information and tells me that all questions have been answered.

Physician/RN Staff Signature

Portions Copyrighted 1987-2007, LOGICARE Corporation Page 3 of 3

\11PI\

CABRINI MEDICAL CENTER 227 EAST 19th STREET NEW YORK, MY 10003

DIAGHOSTIC INAGING

------NAME------- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
FROMETTA ADDONNA 443204 F 38 24144/3

OMETTA ADDONNA 443204 F 38 2/14/07 763782 WB4 E/R
DATE OF BIRTH: 03/25/1968 M/R# 763782 PH#: 718-881-3716 RM
LOCATION:

TRANSCRIBED: 2/14/07 10:49 PSR
CT HEAD W/O CONTRAST 70450 COMPLETE: 02/14/07 6:25 VL 7902

{CT REASON Trauma PHYSICIAN: BUTTERFASS

***linsigned transportation

Unsigned transcriptions represent a preliminary report and do not reflect

a medical or legal document

Comparison: None

cory: Motor vehicle accident

Procedure: Sequential axial CT images are obtained at 5 mm intervals from the level of the foramen magnum to the vertex. Images are displayed in brain, blood, and bone windows.

Findings: There is no evidence of intracranial mass or midline shift. There are no focal parenchymal lesions within either cerebral hemisphere. There are no abnormal intra-axial or extra-axial fluid collections. The ventricles, cisterns and sulci are normal for the patient's stated age. There is normal gray-white differentiation of both cerebral hemispheres. There is no evidence of acute intracranial hemorrhage or infarction. The cerebellum, thalami, midbrain, pons and basal ganglia are grossly normal.

The bones of the skull base as well as the calvaria are intact. The visualized portions of the paranasal sinuses and mastoid air cells are normal.

...pression: Normal examination.

Dictated By: 190400 Marina Margolina M.D. Signed By: 190400 Marina Margolina M.D.

Dictated On: 02/14/2007 10:19:07

02/14/07 10/18

ELECTRONICALLY REVIEWED AND SIGNED BY
MARINA MARGOLINA
RADIOLOGIST

74

STI ANTILLARIES

NYC 911 SYSTEM PROVIDER AMBULANCE CALL REPORT NO.: VOL-3003169 Unit Type Shield Driver Shield Tech CAD No Responded From 8139 all Location. Boro Apt. PD Badge Number Precinct Call Type 2 374 M バイマチ atient's Last Name First Name DOB MMDDYYY Age [27] Kill ALALAM OM DF lome Address Apt. Social Security Number RFC'D 61. 12/6/12/14 ÄΝ State |Zip Code Next of Kin Telephone 10-84 114 N'o di di 10-82 1715 881 -37 0 0 0 ²rior Treatment at Scene By Whom Prior: Defibrillation(s), No.: ☐ CPR. Mins.: 10-81 0 By: □ PD □ FD □ Other: AVAIL CHIEF COMPLAINT: MILEAGE: i Pala A. W. A MEDICAL If more than one is checked, circle the primary problem Overdose: INDICATE ALL THAT APPLY ☐ Alrway Obstruction-☐ CVA / TIA ☐ Hemorrhage FOR MEDICAL or TRAUMA ☐ Respiratory Distress Substance ☐ Abdominal pain □ Dehydration ☐ Neusea / Vomiting ☐ Respiratory Failure ☐ Poison: Onset: Allergic Reaction □ Dizziness ☐ Newborn ☐ Respiratory Arrest □ Obvious Death □ Seizure Pain: ☐ Haz-Mat ☐ Cold ☐ Heat ☐ Ob/Gyn: ☐ Labor □ Shock ☐ Fever □ Behavioral ☐ General Malaise □ Delivery Cardiac Arrest □ Syncope ☐ Rash Quality: G.I. Distress / Bleed Psychotic / Suicidal ☐ Unconscious ☐ Other: ☐ Chest pain Radiation: TRAUMA Location: Twee / Will 18/4 1/ | Anterior | Posterior Type: 1/10 School Service Severity: Mild Mod. Severe ☐ Amputation ☐ Burn ☐ Thermal ☐ Chemical ☐ Electrical ☐ Cardiac Arrest ☐ C.N.S. ☐ Crush ☐ FX/Dislocation ☐ Head Trauma ☐ Hemorrhage ☐ Impaled Object ☐ Paralysis ☐ Shock ❷ Soft Tissue ☐ Other: Duration: **MECHANISM OF INJURY** ☐ Assault ☐ Cold ☐ Domestic Violence ☐ Fall ☐ G.S.W. ☐ Hazardous Materials ☐ Suspected Child Abuse ☐ Heat ☐ Machinery MVA: Seatbelts 2 Yes No ☐ Pedestrian Struck ☐ Stab ☐ Other: ☐ Suspected Elder Abuse HISTORY □ Denies LHG 1/07 ☐ Amputee ☐ Asthma ☐ Bed Confined ☐ Cancer CHF COPD ☐ Cardiaċ CVA / TIA □ Dlabetes ☐ Dialvsis ☐ Frail/Debilitated ☐ HIV/AIDS ☐ Hypertension ☐ Incontinent □ IVDA ☐ Wheelchair Confined ☐ Other: ☐ Setzures ☐ TB **MEDICATIONS** ☐ Denies ☐ Unknown ☐ Not Compliant ALLERGIES Denies Unknown TIME B.P. PULSE RESP GCS TRALIMA # SKIN SKIN TEMP SKIN COLOR PUPILS MENTAL STATUS • 128/70 15 Normal (1) P Moist (1) (1) Dry (1) Normal Normal 000000 Alert Warm Pale Dilated Verbal 130/7 15 Cool Cvanotic A Larger Painful Stimuli Flushed L Larger Unresponsive ŌŌ Jaundice Constricted Unreactive AIRWAY **OXYGEN THERAPY IMMOBILIZATION BLS and ALS INTERVENTIONS** ☐ Abdominal/Chest Thrust Long Short Bag Valve Mask w/O2 Backboard: Albuterol DIV. **□1.0.** ☐ Saline Lock Modified Jaw Thrust ☐ Mouth to Mask Control Bleeding Aspirin ☐ Monitor ☐ Defibrillate ☐ 12 Lead Hyperextension □ Cannula □ KFD FCervical Collar CPR SAED ☐ Cardiovert ☐ Pacing ☐ Draw Blood Oral / Nasal ☐ Non-Rebreather Fixation Traction 🔲 Splint: Suction
DeLee □ Epi-Pen ☐ Nebulizer ☐ ET Tube ☐ NG Tube ☐ Drug Therapy ☐ Heat/Cold Application Chest Decompression Needle Cricothyroidotomy LPM.: Head Immobilizer ☐ Other: ☐ Ipecac_ __cc P:O. ☐ ET Confirm ☐ Instra-Glucose ☐ Irrigation ALS ASSESSMENT PERFORMED ☐ Other ALS Provided By: FD Vol. Other Presumptive Diagnosis Patient Condition: Critical Unstable Potentially Unstable Stable HERNY NIECK / BACK ☐ DOA ☐ Rigor mortis ☐ Extreme Dependent Lividity ☐ Obvious Death ☐ Decomposition ☐ DNR TIME EKG RHYTHM / MEDICATION(S) TREATMENT / RESPONSE فيأرونان بالبران ئة <u>سل</u>ق ما را در بن 3.2 4 1 1 1.

			•	. 1	J.	iemi	nation Tin	18 Control	7/2008 led Substance		3 of 24 count Administer
S. Administered By Na	me/Shield	Signature			JRN		Amount V	Vachad	hara	1.	•
Removed to Vehicle							Pariourit 1	vasned	Witness Name	/Title/Signa	ture
Chair Walked Co.		Transpor Supine	t Position	Patient	s Transpo	orted by	his Vehic	10 (00)			
~pop/Flat/Stretcher			☐ Sitting ☐ Restrained			хопва то н	Osnitel F		Patient Not	Transport	ed by this Vehic
*-st Ambulance	10	Shock		' (l 65)		orted to M Destination	orgue	<u> </u>	Assisted in Tran	sport (94A) 1	With (Unit #):
Transported From	—— <u> </u>	Semi / Full Fo Left Lateral R	Owlers	Hosp. #	(iospital (Dearingticu	' L		I ransferred/Reli	rquished Ca	re To (94)(Unit #):
Residence Public So Nursing Facility	cene				Новр	ital Selec	tion		RMA/AMA (93)		
Res./Cust. Facility	FR	Lights & : To Scene (63	Siren Used	── ☐ Nearest		☐ Pt./Far	n Choice		Pronounced on	Scene (83)	
Other:	lö	To Destination) n (82)	☐ Hospital	Diversion	Li Specia From	ity Referral		Triage/On Line M	ledical Cont	rol (93A/95/95A)
Chart No.	Insuranc	e ID Numbe)r				Hosp. #	'	Other:		
·	ĺ	_	•	☐ Med	icare 🗆 N	Aedicald (T Rhue Con	D.	mercial Insurance		Work Ret
spital Receiving Agent	Signature	Time								D Self Pa	Yes E
	117.7		-1					Supervis	or Signature	Shi	
102.15.01 (7/06)								<u> </u>			
•									-		
			HOS	SPITAL PAT	TIENT C	ECOD	D 000.	_			
A SCORE 3-15	NC D MO	ESVIES THE									
						Sit	. ಕಚ ು	A COME	ער פרענפסו	دی	•
	~	JCN	<u> </u>		t				SNOR		* *****
1 2 1		40일 보였.	MURCHE					(NI)	ATENSION (P.		i
i de la companya del la companya de		<u></u>	JAN'EON"						NIASI MUKEL		NDeset !
		15 % OL 3/		90	10%	2			Aq, WAPCHTIN		ROTOM
18171	H	NUOT OT S	MARCHINA			- 1		N:	A9 SBY FOU	1	2.3200
100.33	A. 194	Tall Pilon	1.vegr						WMOC S Jan	님	j i
			3906		··· • •• • {	1-1				·	
			30.00		;	1i	765	1/ 3335.54	JUON REMEMBEREN	i i	
		20, 2	<u> </u>	#1.j.,	tourist Sometime		• .	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (Emanava (A.)	: ≟≘`o	ನುಡುತ್ತು
process of a process of the process		Saleo	378 V.LIHer	2.3	14721				A:FIGORGA	j -	ો∢ઇ.⊵⊒ં.
		\$3788	VP 'S((100)		•				OBSOUNDED		İ
	- 		MONE	The second second second second		: · · · · · · · -			ORIENTED -		
			Nive O	Einféin:	anti I	: · : !	• • •	• •	ENIT	:	ļ
<u> </u>			Dilaid: O.		EAE		• •	· - · · · · · · · ·	Nive Ca	•	งแบริสเ รา
TO THE SECTION OF THE	****	9002	NIW INC. 40		!	<u></u> +			TO VOICE		회사관
M AMMON OF 19-35	ũ (S-)	in Silver		The state of the s	SE	ولوني الحوا	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Sf ಕಾರ್ಣಭಾರ್ಣ	SPCNTCNEOL		<u> </u>
Palacania Calle					22		0-0-2	St. Tiga	Alleiste Allei		
									The Breeze and Act		
							BAITN:	ARE BLUE			
		\wedge				NH	COLOR,		HYMDI S (COFO)	SENETAG	
					İ	•	JADISYT:	NHO	NE NEWS	HSICIE	KIN COTOB
		_ \			!	į	ੀ ਸਮਾਦ	HC	Dia.C. SiMK (į	
	Su	oitealicatio	Ŋ		Ì		-				
	/	Offication			-		VIGORC	NO.	DIT ON BE	NOASE8	1 (17)
ļ.	·	rajata 1991 			Ļ			G' ZUWE	MINEU	ON	YTILIBATIER
	Suoissi	est Courbre	N OF		1	SDITIME	i.X5 Ni	SELLIME	натхэ.		
<i></i>					į	0005 0005	ACTIVE IOHOM	. NO	IXENS!	HIND	SMOT BJORUM
<i>f</i>	environiti	HEA HERM TH	197 1971 - Tanana Baran	*,	i		····		BMCS		
		netiaen			į.	· · · · · · · · · · · · · · · · · · ·	(44) (10) (44) (46)	HYTOS)ਸ਼ੁਰੂਰਾ [*] ਮਨ੍ਹਾ	+005EM1	USOSSE
	· · · · · · · · · · · · · · · · · · ·				٠.			VAO	VIO 18		NULTABIOSES
	كالماناتهان	Children (1975)	g1	A .	j	Ct.	CVER	001 M	CTES	TNESUA	BTAR TRASH
<i>;</i> 3.	ويعيدك	Sin	. 62. <u></u>	`.	<u> </u>	3. 77.7	不		227512 P. C. C. C. C. C. C. C. C. C. C. C. C. C.		
				-	<u>s</u>	- A PARTY		UII Alleran		allers	
MOITATION	SER NR	B NEWBO	OS SEMER	30,000	1		2011 7C. UB	ta: etsiber	uwi sayinbar es	ol 10 T 10 B	acos
			••		1		M	Elske n	NIBODS BAD		
					<u> </u>					14 3FT	

universata

Authorization Validation Checklist

Z Fatient Name
Dale authorization was signed
Palient DOE
Name and address of entity holding record
Name and address of person/entity requesting record
Specific dates of service
Purpose of request
Description of information to be released
Expiration date

ole: Please initial below upon completion of checklist and scan as fast page of the request.



443204		4	227 EAST 1	_	E SIRTIDAT		York EMER	GENCY RO	(10003 DOM•O(NT REC
CONTESS - LINE 1 666 EAST 233RI	D 947	AODRES	· Lime 2	38	3/25	A TAOR		H 2/14		05:51	CLERK IN
058686478	HOTIFY IN CASE	APT OF BERGER	1A		- 1.	BRONX		NY 1	B Cons	TELEPRON	CMW
HEVELINCE COMPANY	NADIA FAR	BIAN		MOTHE	R	Attento		- 1002 4	.0400	718-8	81-37
NO FAULT	•	-0/P		0!	586864	ROUT HINEER	$\neg \top$	DATE 2/14/07	PLACE	718-8	81-37
DARABTOR DINE							-	PERF	SAEM.	OLT INS	- A
ROMETTA ADDON	INA	666 1	EAST 233RD	- CM		दास		4:20	AMBUL		1
			GUARAFFOR DOCTO	Maray	OUDLE	BRONX		NY 104	66	881-3	716
	PREV. DERV. DATE	IF HIMOR -	INDEPENDI	FINI CO				_		ORLE. EST.	RLEDRING
OMAN CATHOLIC					·—	763782	,	Billuma	PPLOC /	ZAW .	
MIEF COMPLAINT (Z		No.	-					1		UTTERFA	85
	ID ATT/ SEE	COM									
HA. SHIPLE MESS. 1	ALLEROTES			-							
1 1 1	ALLEROTES		T	HEDICATION	17 - RDHR				C.k. mear	7.00	
1 1 1	ALLEROTES			MEDICATION	17 - RONE				E.k. MYSEC	TAN	7E7. 702
	ALLEROTES			MEDICATION	id - Kong				e.k. mrøte	TAN	787. 7 42
IRSES NOTES:				MEDICATION	ra - mone				c.k. mrote	ZAŅ	787. TA
IRSES NOTES:		etc.)		HED E CHE I DH	if - ROME			Ţ		SIGNATURE ()	
1 1 1		etc.)		INDI CHTICH	17 - HONE						
IRSES NOTES:		etc.)		HIDI CHTON	67 - RONE			ľ			
B DATA (Including		etc.)		MEDICATION	07 - RONE						
B DATA (Including		etc.)		MEDICATION	FF - RONE						
B DATA (Including		etc.)		MEDICATION	27 - RONE						
B DATA (Including		etc.)		MEDICATION	IF - RONE						
B DATA (Including		etc.)		MEDICATION	17 - HONE						
B DATA (Including		etc.)		MEDI CHTICH	IF - RONE						
B DATA (Including		etc.)		MEDICATION	FF - RONE						
B DATA (Including		etc.)		MEDICATION	IF - RONE						
B DATA (Including		etc.)		MEDICATION	EF - RONE						
B DATA (Including	Y X-Rays, EXGS,	etc.)		MEDICATION	17 - RONE						
B DATA (Including	Y X-Rays, EXGS,	etc.)		MEDICATION	17 - RONE						
B DATA (Including	Y X-Rays, EXGS,	etc.)		MEDICATION	IF - RONE						
B DATA (Including	Y X-Rays, EXGS,	etc.)		MEDICATION	17 - RONE						
EAGNOSI	Y X-Rays, EXGS,	etc.)		MEDICATION	17 - RONE						
IAGNOSI	S:	etc.)		MEDICATION	IF - RONE				MUREE. G	STORAGUE ()	us ox up s
EAGNOSI	S:	etc.)		MEDICATION	17 - RONE				MUREE. G	SIGNATURE ()	us ox up s
IAGNOSI	S:	etc.)		MEDICATION	17 - HONE				MINUE. G	SIGNATURE ()	UF OR 19
IAGNOSI	S:	etc.)		MEDICATION	IF - RONE				MINUE. G	SIGNATURE ()	UF OR 19

Page:

Question Sheet

		· Page:
•		
02001-2006 T-System, Inc. Circle or check offirmatives, backslash () negati	vet.	
Cabrini Medical Center		
EMERGENCY NURSING RECORD		
THE PARTY OF THE P	1	
MVC	1	
TRIAGE DATE 214 DY TIME ALTO	_	
	LNMP //2 - 10 E.	P Ab progrant / postmenen / has
emergent urgent non-urgent fast track	preg test (neg pos	P. Ab pregnant / postmenop / hys
NAME: TRUMFIA, ACCUNIT		
D.O.B. 3/8/68 AGE: 38 M //	D ()	~ V MENTAL STREET
HISTORIAN: patient paramedics family	TIME TO ROOM	KIN/ PA
ARRIVAL MODE: car EMS police CATCR INT		ROOM:
PMD: none	INITIAL ASSESS	MENT TIME:
Primary language of pt 100111H interpreter	GENERAL APPEARA	
AIMMUNIZATIONS: current / referral		_c-collar / backboard in place
		mild / moderate / severe discressamdous / decreased LOC
tetanusflupneumovax	AFUNCTIONAL / NUT	RITIONAL ASSESSMENT
TREATMENT PTA see EMS report IV Og c-collap backboard	TI VIDGEDANGANT ADL	assisted / total care
itat bibbo giucose		_obese / maincurished
VITALS Giucose finger stick	nourished / hydrated	_recent weight loss / galn
Approx Height Approx Weight a	Fol Rink Assessme	
	patient has he	of falls yes / (no)
CO MAN COMPLET MY O K AN	medications	ves (40)
The state of the s	physical / cogr	nitive limitations yes / 760
		ed / dispriented yes / no
Willy the state of	CHÉST	_izceration / abrasion / swelling
The Transfer of the Property o	no evidence of trauma	tanderness / deformity
CHIEF COMPLAINT, MVC	non-tender breath sounds nml	_wheezing / crackdes / stridor
occurred just PTA A July his / days ago	CVS	sext belt markstachycardia
101 (10) (10)	_regular rate	pulse deficit
INLURIES (PAIN B	pulses strong & equal	_pale / cyanotic / cool / diapheretic
head open shidr hip shidr hip	skin warm, dry	
face pack arm thigh arm thigh nose cheer elbow knee show the	NEURO	_disoriented to person / place / time
mouth shiften form	✓orlented x 3 —PERRL	_confused / memory loss
coccyx wrist ankle wrist ankle		pupils unequal R
hand foot hand foot	HEAD / FACE	_laceration / abrasion / swelling / ecchymosis
fingers toes fingers toes	no evidence of trauma	periorbital swelling / herratoma
CRASH SITE OF IMPACT	to head / eye / ear / face	dental injury / malocclusion
drives passenger front back "P" = primary "S" = secondary ap belt / shoulder / car sear	NECK / BACKng_cividence of traums	_laceration / abrasion / swelling / tenderness
air bag deployed ND	ABDOMEN	
walking at scene	no evidence of trauma	laceration / abrasion / swelling rigid / distanded / tenderness
lost consciousness	_soft, non-tender	
thrown from vehicle speed low mod. high	PĘĽVIS / GU	_iaceration / abrasion / swelling
direct planeter	no evidence of trauma	pelvis unstable
ALLERGIES NKDA	pelvis stable	tenderness
drug-PCN JASA / suife / latex / codeine / todine	EXTREMITIES	blood at urethral meatus
food •	_no evidence of trauma	_aceration / abrasion / swelling
MEDS none see med list OTC herbal DENTER	_non-tender	tenderness / deformity
SACT HEDICAL IN	_sensation / motor intact	
PAST MEDICAL HX negative	ADDITIONAL FINDINGS	
heart disease / HTN / diabetes: insulin past surgeries none DUCAST INFLATIS	-721 A-d-	1 00
past surgeries none BREAST ISUFLANTS	- h. hay yan	1 40 G (a) 11m
SOCIAL HX / SCREEN diver acopal / COC.		0
SITTO KET DOC Semple To the semaler	INITIAL ACTIONS	
" D EXPOSURE / SVIIIGIAME	TIME	
Ahas been physically hurt or threatened by someone close	1D band applied	ID hard was 5 of
Yyes social worker, needed BOLATION SCREEN	c-colar	ID band verified backboard
n the past two weeks, patient	disrobed / gowned	blanker provided
I. had a fever	ice pack	elevation / immobilization
2had a cough or rash	bandage applied	wet to dry dressing
3 had shortness of breath or different breaking	bed low position	side ralls up x1 x2
f patient answered positive to 1 and 2, or 1 and 3, go to isolation Screening	call light in reach	head of bed elevated
T TOTAL OF THE CONTRACT OF THE	, ,	

_Nurse / PA

DESERTE REPORT

Md 76:07 3002,522			· Pa
ACTIONS			
ME		1	VITAL SIGNS
		INIT	TIME BP P RR T SaO2 GCS Pain Pupils INT
set up suture tray eye tra	iy	.1	/10
cardiac monitor			/10
pulse oximeter O ₂	L via		/10
Accu-Chek			/10
/1~/*	d doctor / seen by Di	: /	
restraints see documentation	7 000001 7 30011 07 07		/10
STARTS			ADDITIONAL NOTES
ME # site gauge attempts	complications	Tinit T	639 formal from CT stan
THE P SICE GOOD SHEET PUT	Complications	INII	Na acc 2011 - coller gale
			lotaxin I gram Planon as
		الـــاـ	gristricet - Elle
/ MEDICATION INFUSION RECOR			
art Solution / Med IVPS Rat		TINIT	
mo mi/	hr Time Infused		
	1 1		
Response: no change improved		 	
		+	
		1 ;	
Response: no change improved			•
Response: no change improved	•		
EDICATIONS			
ME Medication Dose	Route Site	INIT !	INTAKEOUTPUT
Td/TT 0.5mL	IM Site	 	_fV / saline lock discontinued: Total Amt Infused
lot #: exp. date	manufac		TimeInitials
An Kobakin Tyren	80	32	PROPERTY TO:
Response: no change improved		100	
		 	patientfamilysecuritysafesee patient belongings list
Response: no change improved		 i	
		 i	DISPOSITION
Response: no change improved		 	discharged have police nursing home ME funeral home
		┼──┤ ⋖	Vorbal Luciteum Instructions / RX given to: patient .
Response: no change improved		 	verbalized understanding
DCEDURES		1'	Alearning barriers addressed
IE .		T 7.7.7.7.	_accompanied by / driver
		TINIT	ada Maria da Cara da C
laceration repair to		ļi	_admitted / transferred to
assisted by:			report to timetransfer documentation completed
foreign body removed assisted			notified family / police / ME
	n / fx reduction		Left AMA / LWBS signed AMA sheet refused
shoulder elbow MTP pate		i	physician notified of:
splint / sling applied arm leg	short long		
type:			Discharge Vitals BP 172 /77 HR 82 RR 16 Temp 97 SaD, 978
assessed post-procedure			or 100 love of the phone 140
nmi color / sensation / movement		L	waln'level at discharge //10
lab drawn / sens by ED tech / nu			CONDITION
results back			unchangedmprovedstableother
cleaned wound applied at	x ointment	***************************************	Dopart Time 2 704 Moder well crutches W/C stretcher ambulance
spplied dressing / Band-Ald / elastic	Wran		Directions blums flower
soft collar	**************************************		Discharge Nurse Signature
crutch training w/ proper return d	emontration		
to Xray w/ monitor / nurse / O,	/ tech		SIGNATURE INITIAL
	, ten		MARGINE FORMANDIDA, 84
to CD w/ months / nurse / O. /	(E4.)		Real DIV What SII RUI

ecum to room

^{*} protocol svslisbi

9

Case 1:07-cv-063		ent 14-5 Filed	1 04/07/2008 Page 18 of
EMERGENCY F	r or check affirmatives, backslash (1) negative Medical Center PHYSICIAN RECORD VA (5)	7	acks Apont
ROOM: 3 HISTORIAN: patient spo	IME: an arrival EMS Arrival puse paramedics ACR	PHYSICAL EXP	
AGE 3 4	M 1/5	General Appearanno_acute distressalert HEAD	c-collar (PTA / in ED) / backboard mild / moderate / severe distress anxious / lethargic
chief complaint: MA in		no evidence of trauma	_see diagram
occurred: just prior to arrive	driver passenger front back	neck ron-tender bilnless ROM trachea midline	see diagramvertebral polite condernossmuscled pasm / decreased ROMsile-on movement of neck
single-car accident (lost control		_Nexus criteria neg	midline tenderness / distracting injury_ altered mental status
1. wage for	-zh		_recent ETOH
location of pain / Injuries	-rightleft- shidr hip shidr hip arm thigh arm thigh	a	
nger chest abdomen back upper mid-lower rodicting to (R/L) thigh / leg	elbow knee elbow knee f-arm leg f-arm leg wrist ankle wrist ankle hand foot hand foot	-	
severity of pain:	associated symptoms: lost consciousness / dazed duration:	EYEB. PERL EOMI	unequal pupils Rmm Lmm _EOM entrapment / paisysubconjunctival hemorrhage
moderate severe	remembers: Impact coming to hospital selzure	ENTinml externalinspection	hemotympanumTM obscured by waxclotted nasal blood
site of impact: "P" = primary "5" = secondary	restraints:	no dental injury RESP / CVSthest non-tender	dental injury / malocclusionsee diagram (on reverse)tenderness / seat belt bruising
	car seat air bag deployed thrown from vehicle	no ecchymosis breath sounds nmi heart sounds nmi	crepitus / subcutaneous emphysema splinting / paradoxical movements decreased breath sounds
force for mod. high direct glancing	ambulated at scene long extrication	ABDOMEN non-tender	wheezes / rales / rhonchi tachycardia / bradycardia see diagram (on reverse)
ROS poss feeling / power arms / legs poss feeling / power arms / legs	CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	_no organomegaly _no distention GENDINGTREETAR	tenderness / guarding / rebound mass / organomegaly FHT's
oadache V-neck pain louble vision / hearing loss ayers / vomiting bdominal pain			
OCALIX TO		NEURO / PSYCH oriented x3 mood & affect nmi	_confused / disoriented
WIE OF THE STATE O		CN's nml	sensory / motor deficit

nggative diabetes Type 1 Type 2 diet / oral / insulin

Meds-Asee nurses note Allergies __NKPA/see nurses note.

Glasgow Coma Score SCORE=
Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)
Seasch- nml (5) disoriented (4) inapprop (3) incoherent (2) none (1)
Industry nml (6) localizes (5) withdraws (4) flaxor (3) exten (2) none (1)

repeats questions

_sensation &

motor nml

Ouco	1.01 01 0	
3/23/2007	10:38	PM

23/2007	10:38 PM	Page: 10
SKIN Warm, dry Intact BACK IOCVA tenderness tenderness EXTREMITIES afraumatic pelvis stable hips non-tender ro pedal edema nor ROM bilat pulses nml	see diagram	T-Tenderance PCT-Point Tenderance 8-Swelling E-Lechymoda Lacel Laceration A-Abrasica B-Burn (D-without assemble mod-moderate sur-severe) Try = Tenderances on polyacion (toward) LABB PROGRESS Time unchanged supercoast re-examined
PROCEDURES Wisconsis a right		Consult
	The state of the s	CLINICAL IMPRESSION: Contusion arm R/L sprain/strain fracture elbow R/L neck thoracic lumbar stabilized forearm R/L sacral pstortive wrist R/L test hip R/L concussion hip R/L with LOC w/o LOC face thigh R/L chest knee R/L abdomen leg R/L back ankle R/L shoulder R/L foot R/L
XRAME Interp. Comme T-Spine L Ingl NAD In fracture Affil alignment Soft cissues nmi CXR Ingl NAD In Infiltrates Ingl heart size Ingl mediastinum		DISPOSITION home admitted transferred AMA Time // walkout CONDITION unchanged transferred stable Logicare Follow up given: Time: Discharge instructions given: // // Discharge instructions given: // Discharge instructions g
OTHER See sept	urate report (thend.	Eliza Ketran De 2 2 D

Case 1:07-cv-06372-HB-MHD Document 14-5 Filed 04/07/2008 Page 20 of 24 3/23/2007 .10:40 PM Page: NYC 911 SYSTEM PROVIDER AMBULANCE CALL REPORT NO.: VOL-3003169 Unit Type Shield Driver Shield Tech Responded From 616 AL3 16 ت مهت تو Boro Apt. D Badge Number recinct . All M Vit Patients Last Name First Name Age DOB MMDDYYYY Al DM DF Ÿ, 3 Home Address Social Security Number Apl. **BEC'D** 10-63 State Zip Code Next of Kin Telephone 10-84 14 N. 1. 2 16 381 37 10-82 Prior Treatment at Scene Prior: Defibrillation(s), No.: 10-81 _ CPR, Mins.: By: □PD □FD □ Othar: AVAIL CHIEF COMPLAINT: MILEAGE: MEDICAL If more than one is checked, circle the primary problem L. Overdose: INDICATE ALL THAT APPLY Alrway Obstruction-□ CVA / TIA ☐ Hemorrhage FOR MEDICAL or TRAUMA Respiratory Distress Butesteute Abdominal pain Dehydration ☐ Nausea / Vomiting ☐ Respiratory Failure D Poison: Onset ☐ Respiratory Arrest Allergic Reaction **Dizziness** ☐ Nawborn Environmental: Altered Mental Status J Obvious Death □ Seizuro Pain: ☐ BohsMorel
☐ Cardiac Arrest
☐ Chest pain THaz-Mat 🗀 Cold 📙 Heat ☐ Ob/Gyn:! : Labor ☐ Shock ☐ Fever General Malaise ☐ Delivery ☐ Rash Quality G.I. Distress / Bleed . ! Psychotic / Suicidal □ Unconscious □ Other: Radiation: An Ulgaria Anterior Desterior Type: 1775 TRAUMA Location: (%) Severity: Mild Mod. Severe ☐ Amputation ☐ Burn ☐ Thermal ☐ Chemical ☐ Electrical ☐ Cardiac Arrest ☐ C.N.S. ☐ Crush ☐ FX/Distocation ☐ Head Trauma ☐ Hemorrhage ☐ Impaled Object ☐ Paralysis ☐ Shock ❷ Soft Tissue ☐ Other: Duration MECHANISM OF INJURY ☐ Assault ☐ Cold ☐ Domestic Violence ☐ Fall LIGS.W. ☐ Hazardous Materials Suspected Child Abuse ☐ Heat ☐ Machinery Pedestrian Struck Stah COther: ☐ Suspected Elder Abuse HISTORY Denies 6120 1,67 ☐ Amputeo □ Asthma ☐ Bed Confined ☐ Cencer ☐ Cardiac ☐ CHF COPD □ CVA / TIA ☐ Diabetes ☐ Dialysis ☐ Frail/Debilitated ☐ Hypertension ☐ Incontinent LI HIV/AIDS ☐ Seizures LI TB ☐ Wheelchair Confined ☐ Other: ☐ Denies ☐ Unknown ☐ Not Compliant MEDICATIONS ALLERGIES | Denies | Unknown $^{\prime\prime}$ $^{\prime\prime}$ TUME B.P. PULSE RESP OCS TRAUMA # SKIN SKIN TEMP SKIN COLOR PUPILS MENTAL STATUS 128/70 15 Normal 1899 Moist 000 Normal Normal Normal Alari Warm Pate Ditated Verbal 130/70 15 ЫÓ Cool Cvanotic R Larger Painful Stimuli Flushed L Larger Unresponsive Constricted Unreactive ÜŪ AIRWAY **OXYGEN THERAPY IMMOBILIZATION BLS and ALS INTERVENTIONS** Abdominal/Chest Thrust 🗔 Bag Valve Mask w/O2 Rackboard: Lang Albuterol C rx L' i.O. Salme Lock Modified Jaw Thrust Mouth to Mask Control Bleeding Aspurin ☐ Defibrillate ☐ 12 Lead Monitor ☐ Hyperextension 🗆 Çannuta M KED Carvical Colla Oral / Nasal
Suction
Dolee CPR SAED ☐ Cardiovert ☐ Pacing ☐ Draw Blood ☐ Non-Rabreathe ☐ Fixation 🔲 Splint: FREATMEN Eci-Pan ☐ Nabulæer ET Tube | NG Tube | Drup Therapy ☐ Traction L.P.M.: Heat/Cold Application Head Immobilizer ☐ Chest Decompression ☐ Needle Cricothyroidotor Other: _cc P.Q. __ lpecac_ ET Contirm 🗌 Instra-Glucoso 🗀 Irrigation ALS ASSESSMENT PERFORMED Other: ALS Provided By: CFD C Vol. Chier Presumptive Diagnosis Patient Condition: | Critical | Unstable | Potentially Unstable | Stable Box K 🗎 DOA 🗍 Rigor mortis 📋 Extreme Dependent Lividity 📋 Obvious Death 🔲 Decomposition 📋 DNR EKG RHYTHM / MEDICATION(S) TREATMENT / RESPONSE COMME

☐ Continue

On-line Medical

On-I inc Marting! Control Physicia

														Pag	,
到			☐ Environm			ا سنامور ماروست ا		'_JSeiz or _]Sho		Fove	Sunstance v	(Pain:			
2	☐ Behavioral ☐ Cardiac A	rest	General I	Malaise	<u>ר</u> כ	Delivery _	_ :	Syn	соре (Rash		Quattry:			
	Chest pair	n				<u> </u>			onscious Other			Radiation	۱:		
									□ C.N.S. □ Cru			Severity:	□ Mil	d 🗀 Mod. 🗀 S	Severe
ľ									Soft Tiesue [] Othe		PACHISIOCALIDE	Duration	:		
L		ULNI 90 M		, iii charea	O O JOC.	<u></u>		JOHOGE EL	70K (1000)						\exists
ŀ	Assault C	Cold	 [] Do	mestic V	iclance	LiF	ali	□ G.S.W.	☐ Hezari	ous M	laterials (Suspected	Child A	Nouse	ŀ
ŀ	⊡ Heat □	☐ Machinery	₽ M	/A: Seatb	eits 🖭 Y	Yos 🔲 N	0	☐ Pedestrian	Struck State	☐ Oth	er:	Suspected	Elder /	pnee	l
	HISTORY		anies (ے تار	177										-
ı	i , Amputee □ FraiVDobiN			_ Bed Co		☐ Cance		Cardiac			C CVA / TIA		C) Diabo		yeis
Ľ	MEDICATIO			Hyperte		_ Inconf		□ IVOA	☐ Seizures Li T&	·	☐ Wheelchai				
ľ	MEDICATIO	ם[] פאנ	onies 🗀 U	nknown	□ Not (Compliant	Ì					IES De	ties [Unknown	
Ļ												<i>/</i> \			
ı	TIME	B.P.	PULSE	RESP	GCS	TRAUMA		SIGN	SKIN TEMP	5)	ON COLOR	PUPILS		MENTAL STA	บร
ł		123/70	70	141	15	!	- 4	12 Normal 图图	Normal 🖽	N	lormal 12	Normal -		Nen	
Γ	4	100/7.	105	14	15		_	Moist L	Cool D'	Cy	Pale LU	Offuted R Larger	231	Verbat Painful Stimuli	
-			150	1-1	17		-			F	ushed DD	L Larger Constricted		Unresponsive	
	;		1									Unreactive			
		WAY	I	EN THEF				ZATION	_	BL	.9 and ALS II				
1] Modified Ja		☐ Bag Vut		n/O2	Bisokb	oard:] Albutero!] Control Bleeding []	Asnida	☐ I.V.	☐ I.O. ☐ Defibrillate]Saje 12 L		
] Hyperexters _' Oral / Nasal		☐ Cannule			L' KED C Splint:		Prical Collar	CPR SAED	- Lp	☐ Cardiovert	_ Pacing	☐ Drav	v Blood	
:	Suction		L Nepulz			'		☐ Traction	Epi-Pen	lion	☐ ET Tube	☐ NG Tube		Therepy dle Cocothyroid	
1						1000						TO TO TO THE PARTY OF THE PARTY	_,,,,,,,,		
-	_ CeLee		L.P.M.:			Head	commi		☐ Heat/Cold Applica ☐ fpecaccc P.0		☐ ET Continu	i		•	1
•	_ Cerns		L.P.M.				Commi		☐ fpecaccc P.O ☐ frutre-Glucose ☐ ti		ALS ASSE	SMENT PER			
F		Diagnosis	L.Ma.:			Olher			☐ finecasccc P.O ☐ Inetro-Glucose ☐ tr ☐ Other:	vigstion	ALS ASSE	SMENT PER	FD [O Vol Other	
	resumptive l	Diagnosis		Prien		Ciner Pati	ent C	ondition:	☐ fpecaccc P.O ☐ frutre-Glucose ☐ ti	rigation	ALS ASSES	SMENT PER ovided By:	FD [Vol Other	
	Presumptive I Hとらい人		pric Ke 1		8)	Ciner Pati	ent C	ondition:	foecaccc P.0 metro-Glucose tr Other: Critical Unstate Extreme Depen	ngston te [] dent Li	ALS ASSES	SSMENT PER ovided By: stableSt ous Death	FD [Vol Other	
L	Presumptive I Hとらい人	ie: 1	M / MEDIC	CATION(_	Ciher Pati	ent C	ondition:	icecae _cc PO instra-Glucoso ii to Other: Criticai ii Unstat Extreme Depen	rigstion ofe []: dent Li	ALS ASSES ALS Proposed in the second	SSMENT PER ovided By: Stable TS ous Death C	FD Cable Decon	Vol. Cother	
L	Presumptive I Hとらい人	ie: 1	M / MEDIC	CATION(_	Pati	ent C	ondition: [icecae _cc PO instra-Glucoso ii to Other: Criticai ii Unstat Extreme Depen	rigstion of C. dent Li AENT	ALS ASSEI ALS Pri Potentially Uni Ividity Covi	SMENT PER puided By:	FD Cable Decon	Vol. Cother	
L	Presumptive I Hとらい人	ie: 1	M / MEDIC	CATION(An. I	Pati	ent Co	ondition:	foecaccc PO fretra-Stucoso trutra-Stucoso trut	internation of the state of the	Potentially Unividity © Cow	SSMENT PER ovided By: stebleSt ous Death _	FD Cable Decon	Vol. Cother	NR
L	Presumptive I Hとらい人	ie: 1	M / MEDIC	CATION(An. I	Pati	ent Co	ondition:	foecaccc PO fretra-Glucoso fret	rigistion of the Control of the Cont	Potentially Unividity © Coviding Covidi	SSMENT PER ovided By: stebleSt ous Death _	FD Cable	Voi Other	NR
	Presumptive I Hとらい人	EKG RHYTH	M / MEDIC	CATION(dr. 1	Pati	ent Co	endition:	foecac _ cc PO fretra-Stucose tr Other: Critical Unstate Extreme Depen TREATH	rigistion of the Control of the Cont	Potentially Unividity © Coviding Covidi	SSMENT PER ovided By:	FD Cable	Voi Other	NR
	Presumptive I Hとらい人	EKG AHYTH	M / MEDIC	CATION(And	Pati	ent C	ondition:	foecac	rigistion of the Control of the Cont	Potentially Unividity © Coviding Covidi	SSMENT PER ovided By:	FD Cable Decon	Document of the properties of	NR
	Presumptive I Hとらい人	EKG AHYTH	M / MEDIC	CATION(And	Pati	ent C	ondition:	foecac	rigistion of the Control of the Cont	Potentially Unividity © Coviding Covidi	SSMENT PER ovided By:	FD Cable Decon	Document of the properties of	NR
	Presumptive I	EKG AHYTH	M / MEDIC	CATION(And	Pati	ent C	ondition:	foecac	rigistion of the Control of the Cont	Potentially Unividity © Coviding Covidi	SSMENT PER ovided By:	FD Cable Decon	Document of the properties of	INR
	Presumptive I	EKG RHYTH	M / MEDIC	CATION(CONTROL OF CONTROL OF CONT	And To	Pati D	ent C	ondition:	foecac	Integration of the Control Line	Potentially Unividity Dow	SSMENT PER ovided By: stable St ous Death	able Decon	I Vol Other	inuso
	Presumptive I	EKG RHYTH	M / MEDIC	CATION(And To	Pati D	ent Co	ondition: Rigor mortis	Termination Time	rigistion dent Li	Potentially Unividity Down	SSMENT PER Ovided By: Stable S	Amount	I Vol Other	inuso
	Presumptive I	EKG RHYTH	M / MEDIC	CATION(And To	Pati D	ent Co	ondition:	foecac _ cc PO fretra-Shucose b Other: Critical Unstate Extreme Depen TREATH	rigistion dent Li	Potentially Unividity Down	SSMENT PER ovided By: stable St ous Death	Amount	I Vol Other	inuso
	resumptive In the Administrate of Channel.	d By Name	M / MEDIC	dical Connature	And And And And And And And And And And	Pati D	ent CO	ondition: Rigor mortis	Termination Time	rigistion of the control of the cont	Potentially Unividity © Cover / RESPONSE	SSMENT PER ovided By: stable SS ous Death C	Amount	Donation Donation Cont	inuad
	resumptive In the Administrate of Channel.	d By Namel	M / MEDIC M / MEDIC M / MEDIC M / MEDIC M / MEDIC M / MEDIC M / MEDIC M / M / MEDIC M / M / M / M / M / M / M / M / M / M /	dical Cornature	ntrol Physician Sitting	Pati	ent CO	endition: Rigor mortis Rigor mortis URIN ts Transport	TREATM Amount We do by this Vehicle ted to Hospdal	rigistion of the control of the cont	Patient	SSMENT PER ovided By: stable SS ous Death C me/Title/Sig	Amount	Other Dont Cont Administered	inuad
	resumptive In the Land Administered to Var Wasked	d By Name	M / MEDIC M / MEDIC On-Line Me	dical Connature	ntrol Phylosophylogen	Pati	ent CO	endition: ☐ Rigor mortis Rigor mortis Per URIN Transport ☐ Transport ☐ Transport	Termination Time Amount Water do Morgue	rigistion of the control of the cont	Potentially Unividity © Cover / RESPONSE	ssMent Percovided By: steble Second Desth Cours Desth Cours Desth Cours Desth Cours Desth Course (Transport (94	Amount	Other Other Description inuad	
	resumptive	d By Named	M / MEDIC M / MEDIC Additional of the control of	dical Col	ntrol Phylogenetics of the state of the stat	Pati C	ent Co	ondition: Rigor mortis Rigor mortis FRIgor mortis Transpor Transpor Transpor Hospital De	Termination Time Amount Water do Norgue stination	rigistion of the control of the cont	Patient Assisted in Transferred RMA/AMA (SSMENT PER ovided By:	Amount Care In	Other Other Description inuad	
	resumptive	d By Named	M / MEDIC M / MEDIC M / MEDIC Trans Trans Shield Sig Trans Shock Sem. Left Left Left	dical Connature	oattlon Sitting Restrain	Pati Co.	Numb	Ondition: Rigor mortis Rigor mortis S VIN Tarspor Transpor Transpor Hospital De	Termination Time Amount We do to Hospital (and to Morgue stination in Selection in	Contraction (82)	Pattern Assisted in Transferred RMA/AMA (Pronunced	SMENT PER ovided By:steble	Amount and the control of the contr	Vol. Other Dont Cont Administered Yihis Vehicle Unit (94) (Unit)	inuad
	resumptive In the Land In the	d By Namel	M / MEDIC M / MEDIC Addition Train Shield Sig Train Sucon Shoct Sem Let L Light	dical Connature report Pre / Full Fow steral Rec	oattlon Sitting Restrain	Pati O O O O O O O O O O O O O O O O O O O	Numb	endition: Rigor mortis Rigor mortis Rigor mortis Transport Transport Hospital De Hospital Contract	Termination Time Amount We stind to Morgue st	Contraction (82)	Potentially Unividity Obvidity SMENT PER ovided By:steble	Amount and the control of the contr	Vol. Other Dont Cont Administered Yihis Vehicle Unit (94) (Unit)	inuad	
	resumptive In the Land In the	d By Named (ehicle By Carried that By Carried that Ca	M / MEDIC M / MEDIC M / MEDIC Train Train Shield Sig Train Prunse Shock Sem Left Light To Sec To Des	dical Connature report Pe / Full Fow steral Rec hts & Sti	Position Siting Restrain	Pati O O O O O O O O O O O O O O O O O O O	Numb	ondition: Rigor mortis Rigor mortis WRN ts Transport Transport Hospital De Hospital St	Termination Time Amount We stind to Morgue st	Contraction (82)	Pattern Assisted in Transferred RMA/AMA (Pronunced	SMENT PER ovided By:steble	Amount and the control of the contr	Vol. Other Dont Dont Other Dont Other Cont Administered	inuad
	resumptive In the Land In the	d By Named (ehicle By Carried that By Carried that Ca	M / MEDIC M / MEDIC Traine Me Shield Sig Traine Shock Shock Shock Ligi To Sci	dical Connature report Pe / Full Fow steral Rec hts & Sti	Position Siting Restrain	Pati O O O O O O O O O O O O O O O O O O O	Numb	endition: Rigor mortis Rigor mortis Rigor mortis Transpor Transpor Hospital De Hospital De Addression	Termination Time Amount Water to Hospital and to Morgue stinution Selection Pt./Fam Choice Specialty Raterral from	Control (82)	Potentially Unividity Obvidity SSMENT PER ovided By: Stable S	Amount Inature Orled b Care To	Vol Other Dont	inused	
	resumptive In Chi/Nime E VIII In Chi/Nime E VIII In Chi/Nime In Channel; In Ch	d By Namel	M / MEDIC M / MEDIC M / MEDIC Trans Shield Sig System Prone Sheet To See To See To Decurrence ID I	dical Connature report Fe Full Fow steral Rec hts & Str pne (63) dination (Number	Coattion Sitting Restrainters umpent	Pati Constitution of the c	Numb	endition: Rigor mortis Rigor mortis Rigor mortis Transpor Transpor Hospital De Hospital De Addression	Termination Time Amount We do by this Vehicle ted to Hospital ted to Morgue stinution Selection Pr./Fem Choice Specialty Raterral from thosp. •	Control ished	Pattern Assisted in Transferred Triage/On L Other:	SSMENT PER ovided By: stable Ss ous Death respective Stable Ss ous Death stable Ss ous Death respective Ss ous Death stabl	Amount Care To Custool (6)	Vol. Other Dont Dont Cont Administered Administered (94) (Unit #): (94) (Unit #): (94) (Yes G	inuad 1
	resumptive In Chi/Nime E VIII In Chi/Nime E VIII In Chi/Nime In Channel; In Ch	d By Namel Sehicle By Carried that Sign Adapt Sign Ad	M / MEDIC M / MEDIC M / MEDIC Trans Shield Sig Sucon Prone Sheet I fo See I f	dical Connature report Pe / Full Fow steral Rec hts & Sti	Coattion Sitting Restrainters umpent	Pati Control C	Numb	endition: Rigor mortis Rigor mortis Rigor mortis Transport Transport Transport Hospital De Hospital De Adicare Me	Termination Time Amount We do by this Vehicle ted to Hospital ted to Morgue stinution Selection Pr./Fem Choice Specialty Raterral from thosp. •	Control ished	Potentially Unividity Obvidity SSMENT PER ovided By: stable Ss ous Death respective Stable Ss ous Death stable Ss ous Death respective Ss ous Death stabl	Amount Inature Orled b Care To	Vol Other Dont	inuad 1	

,10:40 PM

-	26	o	•		1
				П	

CABRINI MEDICAL CENTER Fromety, Adonna COMPREHENSIVE PAIN ASSESSMENT Emergency Department ☐ Ambulatory Services 🗖 Inpatient Unit: 👱 ☐ Hospice Other: INSTRUCTIONS: Complete when pain is not controlled at time of assessment. · Pain Location: Mark Sites Patient's Pain IntensityRating Behavioral Indicators: • Pain Characteristics Circle all that apply: Circle all that apply: ☐ Smile - Sad Aching: Dull Deep, Frowning Grimacing ☑ Verbal: _ Gnawing, Sharp, Numb, Clenched Fists, **Hostility** ☐ Behavioral Indicators Stabbing, Crampy, Crying, Moaning, Pressure. Squeezing, Depression. <u>Gritting</u> Teeth Physical Findings Burning, Restlesenees, Radiating, Tingling, Touch Sensitive. Chriching/Rubbing AffectedPart. ☐ None **Æ** Tender Fetal Position. □ Spaem Increased Muscle Tension. □ Swollen ☐ Hot Constant □ Ecchymotic ☐ intermittent Other: . Pain Intensity Goal: (0 - 10) When did pain start? · Pain Control Goal: ☐ sleep comfortably Comfort at rest ☐ comfort with movement ☐ stay alert ☑ total pain control perform activity cther ____ morenes · What makes the pain worse? · Chronic/Pre-existing Pain - What relieves pain? (Check all that apply.) ☐ medication ☐ exercise Ded rest Cold □ heat ☐ massage distraction D relexation techniques acupuncture Other_ · Has there been any medication you have taken that has been effective? What have you done in the past that has been effective in relieving your pain? · Adverse Affect on Daily Life and Activities - Does the pain affect your day to day activities? (Check all that apply.) welking ☐ sittino ☐ standing □ exercise ☐ relationships □ work ☐ bathing ☐ cocking □ shopping Other_ ☐ femily □ sleep ☐ concentration ☐ intimacy Ciher | Comments: _ · Name of MD Notified:, · Signature & Title: Time: MATERIAL MEDIUM CONTROL DA CMC-2036(09/01)

CMC C56 (Hev 3706)

M E D I C A L G E N T 227 East 19th Street, New York, NY 1000		Fr	Appro	
PHYSICIAN'S ORD	ERS		Appra	
	N ONLY. ON FOR EACH SET OF ORD ME AND SIGNATURE FOR E	FACH		
ALLERGIES:		DO NOT USE THIS ! UNLESS A RED NUI		
MEDICATION (Incl Name, Dose or Str	uding Diluent) ength, Formulation, Rout	re, Frequency, Duration	Indicati Rationale or	li li
	rin ly 1	1021		
1.0 2. 5 als	+ Callin		_	
TIME: 3.				
4.				
PHYSIC:AN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE Verbal	Switch Road Back []	2/14/07
DATE: 1.	- -	<u> </u>		
2.				
TIME: 3.	· · · · · · · · · · · · · · · · · · ·			
4.	-			
PI IYSICIAN'S SIGNATURE	PAGE/ID #	R.N. SIGNATURE	_ '	DATE:
SIGNAUAL			Order Head Back []	-}
DATE: 1.				
2.				-
TIME: 3.				
4.				
PHYSICIAN'S SIGNATUPE	PAGE/ID #	R.N. SIGNATURE		DATE:
		Verbal	Order Read Back []	
DATE: 1.				
2.				
TIME: 3.				
4.				
	PAGE/ID #	R.N.		DATE:
PHYSICIAN'S SIGNATURE		SIGNATURE	Order Read Back []	_{

,10:41 PM

Page:

Cabrini Medical Center

ACKNOWLEDGMENT AND CONSENT

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES AND CONSENT TO USE PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS

By signing below, I acknowledge that a copy of the Notice of Privacy Practices has been made available to me. I have been advised of how my health information may be used and disclosed by the hospital and the facilities listed at the beginning of the notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices (see: Appendix A) explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Finally, by signing below, I consent to the use and disclosure of my health information:

- to treat me and arrange for my medical care
- to seek and receive payment for services given to me
- for the business operations of the hospital, its staff, and the facilities listed at the beginning of the notice

Signature of Patient or Personal Representative	Date
Prior Name of Patient or Personal Representative Witness	Description of Personal Representative's Authority
For Hospital Use Only:	
If form is not completed, state the reason:	
	<u> </u>
CMC Employee Signature	Date